

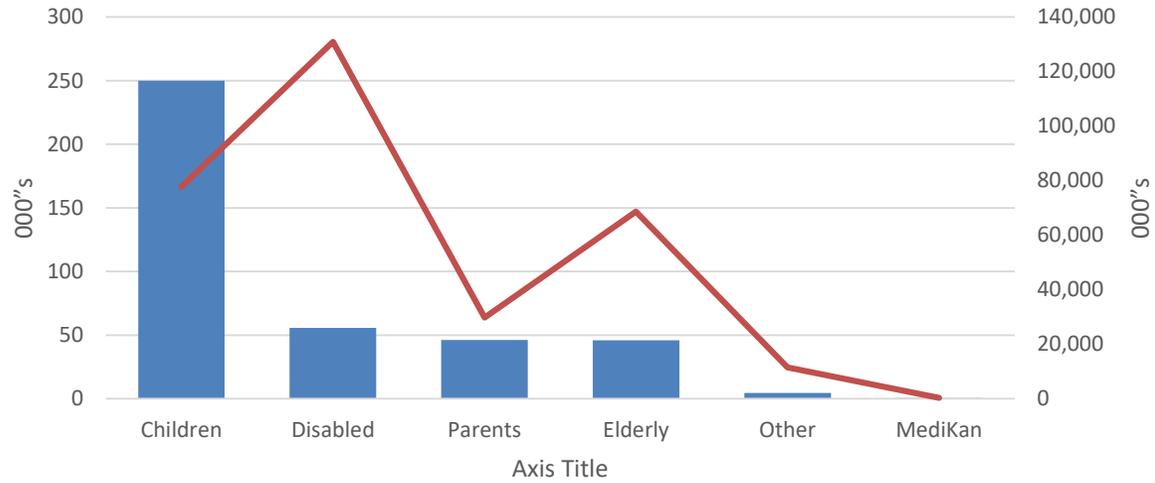


KanCare Executive Summary
(Data Complete through September 2019)
November 18-19, 2019

KanCare Capitation and Members

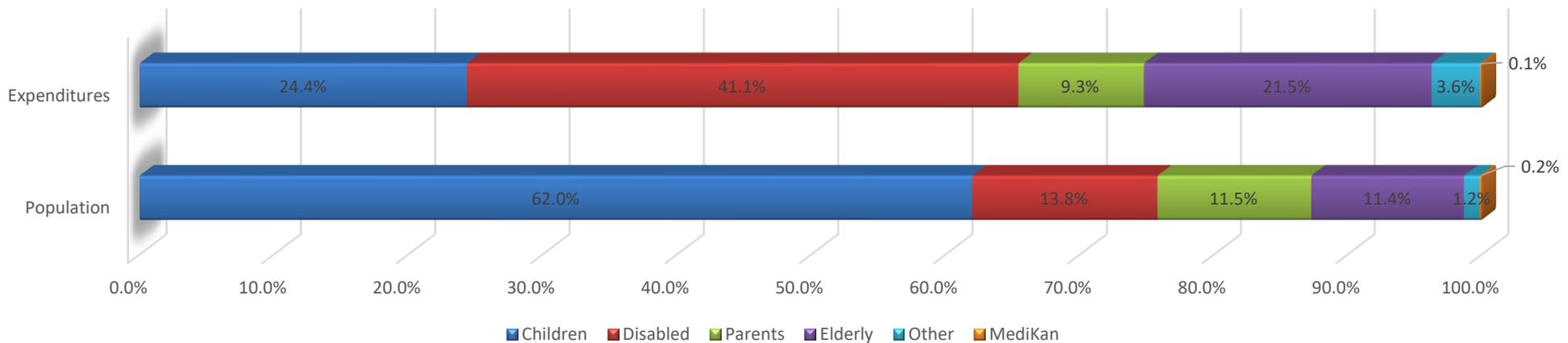
Medicaid/CHIP Member Eligibility and Expenditures

Calendar Year 2019 (Jan - Sep)



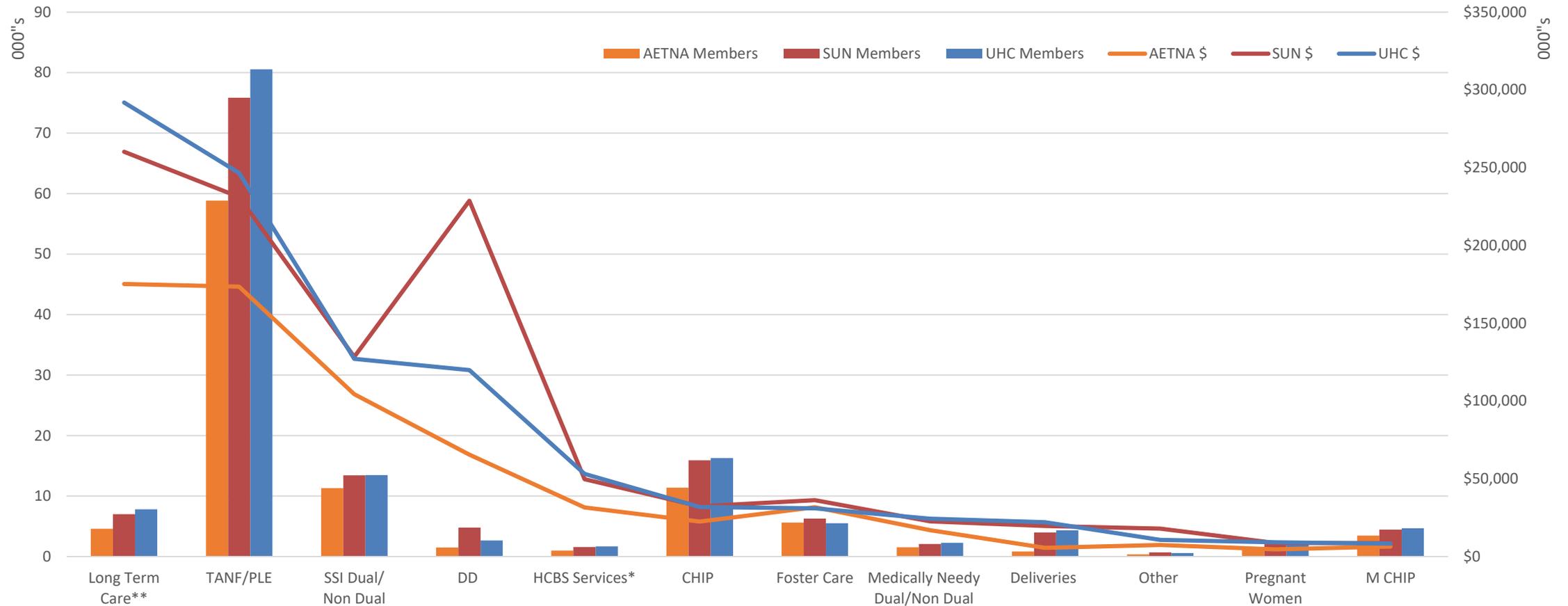
	% Total	
	Population	Expenditures
Children	62.0%	24.4%
Disabled	13.8%	41.1%
Parents	11.5%	9.3%
Elderly	11.4%	21.5%
Other	1.2%	3.6%
MediKan	0.2%	0.1%

Eligibility and Expenditure Comparison





Capitation Comparison with Members YTD CY 2019 (Jan - Sep)

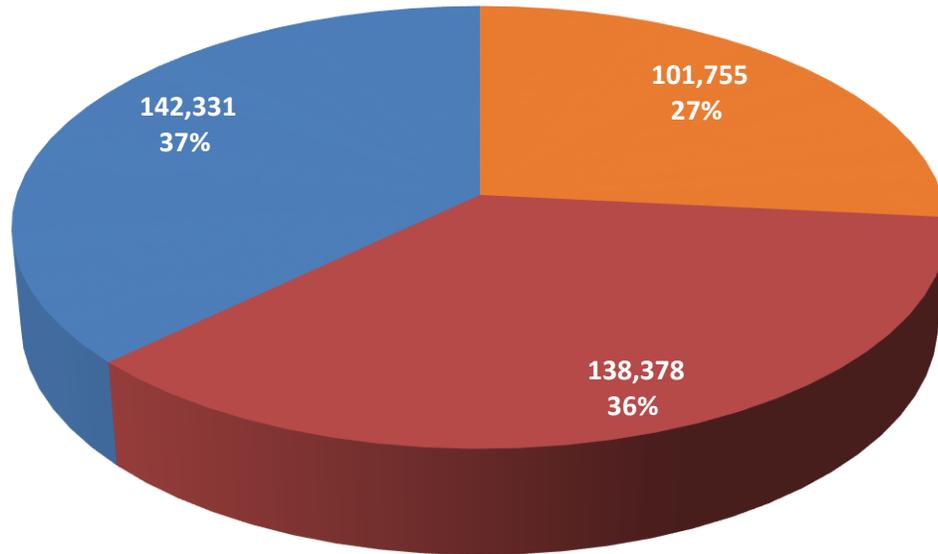


*HCBS Services includes Autism, Severe Emotional Disturbance, Technology Assisted, and Traumatic Brain Injury

**Long Term Care includes Nursing Facilities, Money Follows the Person Frail Elderly and Physically Disabled, and the Physically Disabled and Frail Elderly Waivers

Average Members by MCO YTD

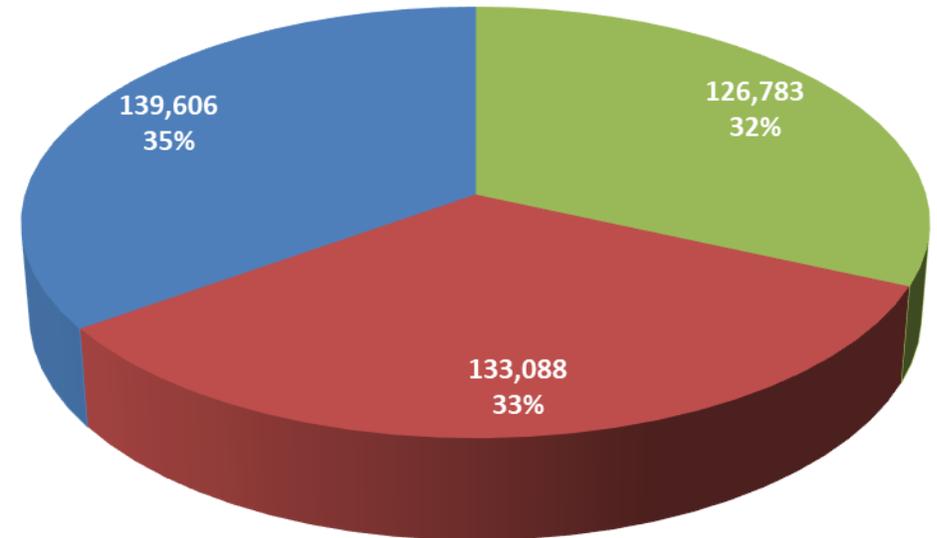
2019



YTD Total: 383,014

■ AETNA ■ SUN ■ UHC

2018



YTD Total: 399,477

■ AMG ■ SUN ■ UHC

KanCare Provider Network



Provider Network

KanCare MCO	# of Unique Provider/ Locations as of 12/31/18*	# of Unique Provider/ Locations as of 03/31/19*	# of Unique Providers as of 6/30/19	# of Unique Provider/ Locations as of 9/30/19
Aetna	N/A	17,724	21,603	32,598
Sunflower	31,998	35,139	35,188	30,258**
UHC	39,799	41,701 ^Δ	46,285	48,809

**3Q 2019 MCO terminated all network providers who do not have an active KMAP ID

*Changes to MCO reporting implemented in Q3-2018 now provide more complete HCBS provider counts. Specifically, for providers who travel to the member for services, the count now includes a count of each county in which a provider is contracted to provide services.

^Δ May not include full county counts for 588 home-based service providers for whom incomplete data was received.

Note: The counts below represent the unique number of NPIs—or, where NPI is not available—provider name and service locations (based on the KanCare county designation identified in the KanCare Code Guide). This results in counts for the following:

Providers with a service location in a Kansas county are counted once for each county.

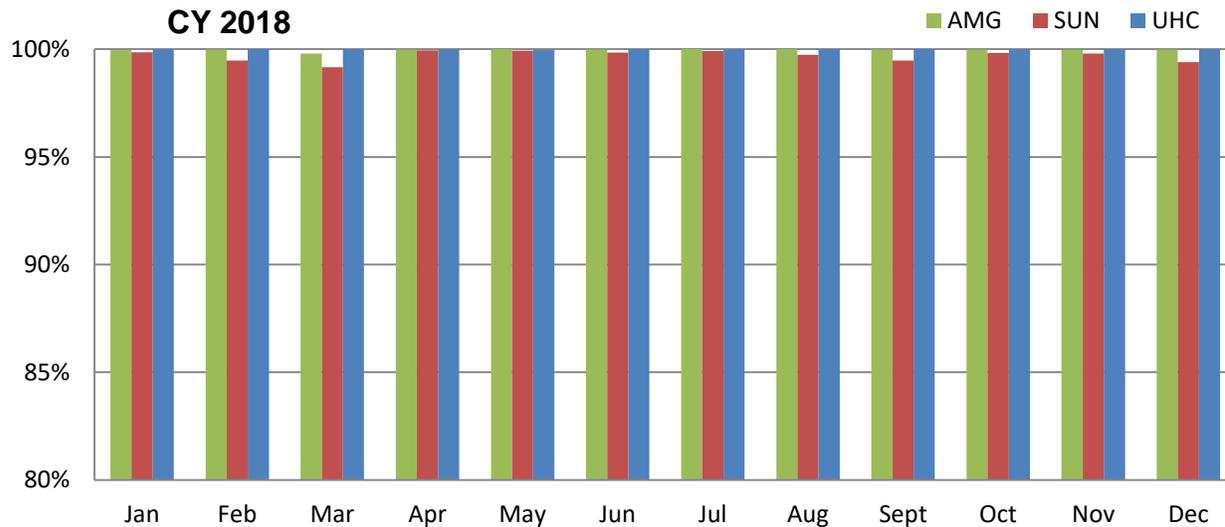
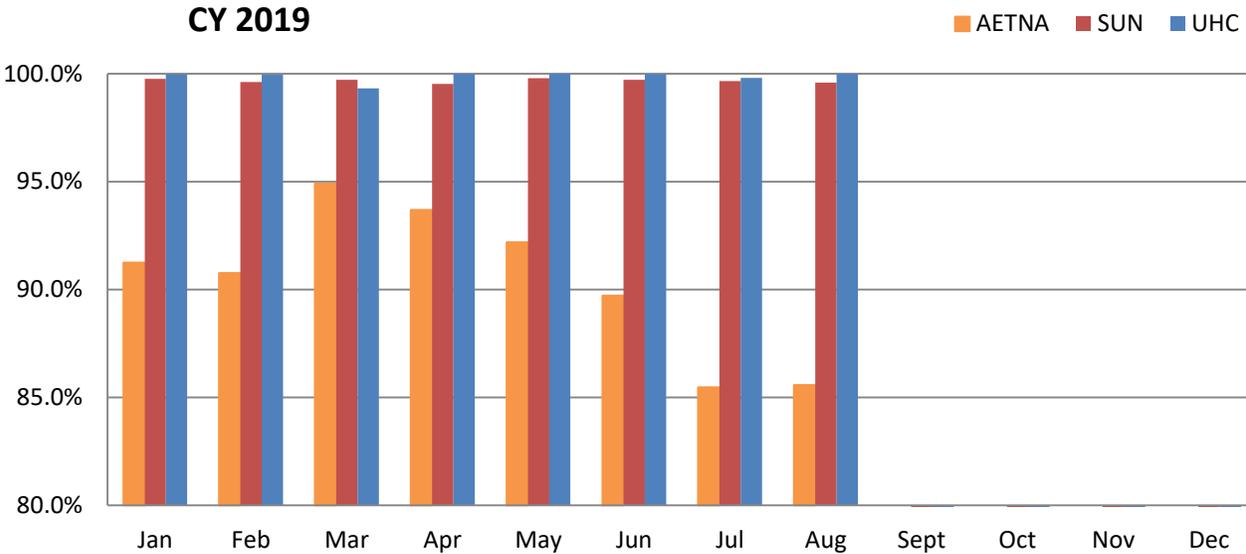
Providers with a service location in a border area are counted once for each state in which they have a service location that is within 50 miles of the KS border.

Out of state providers (>50 miles from KS border) are counted once.

Providers for services provided in the home are counted once for each county in which they are contracted to provide services.

KanCare Claims Overview

Claims Data-% Clean Claims Processed Within 30 days



Service Type	Total Claim Count			Total Claim %		
	AETNA	SUN	UHC	AETNA	SUN	UHC
Pharmacy	1,430,790	1,827,846	1,421,573	43.0%	36.8%	33.0%
Medical	1,192,123	1,316,197	1,275,110	35.9%	26.5%	29.6%
Behavioral Health	153,489	591,209	556,511	4.6%	11.9%	12.9%
HCBS	197,513	496,974	358,000	5.9%	10.0%	8.3%
Hospital Outpatient	149,726	264,262	257,657	4.5%	5.3%	6.0%
NEMT	58,463	129,531	142,297	1.8%	2.6%	3.3%
Dental	85,469	129,457	126,575	2.6%	2.6%	2.9%
Nursing Facilities-Total	38,031	101,029	79,972	1.1%	2.0%	1.9%
Vision	6,618	85,238	62,212	0.2%	1.7%	1.4%
Hospital Inpatient	11,943	29,951	22,774	0.4%	0.6%	0.5%
Total All Services	3,324,165	4,971,694	4,302,681	100%	100%	100%

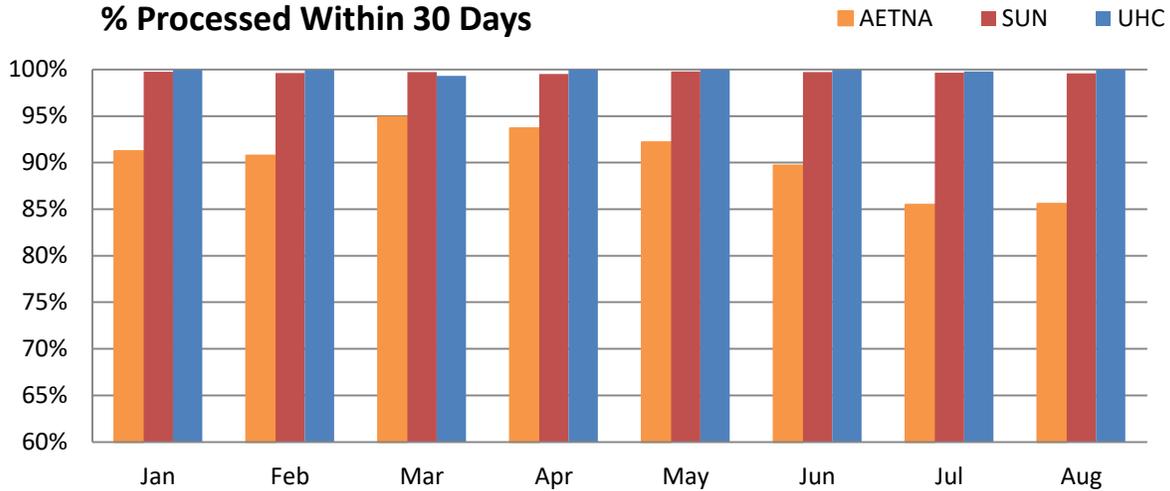
Contact Standard: 100% of Clean Claims Processed within 30 days

A clean claim is a claim that can be paid or denied with no additional intervention required and **does not include:** Adjusted or corrected claims, Claims that require documentation (i.e., consent forms, medical records) for processing, Claims from out-of-network providers that require research and setup of that provider in the system, Claims from providers where the updated rates, benefits or policy changes were not provided by the State 30 days or more before the effective date (these claims may be pended until rates are loaded so the appropriate amounts can be paid)

Percent = Number clean claims processed within 30 days divided by Number of claims received

Processed = adjudication decision making of a claim being approved to paid or denied.

Claims Data-% Clean Claims Processed Within 30 days

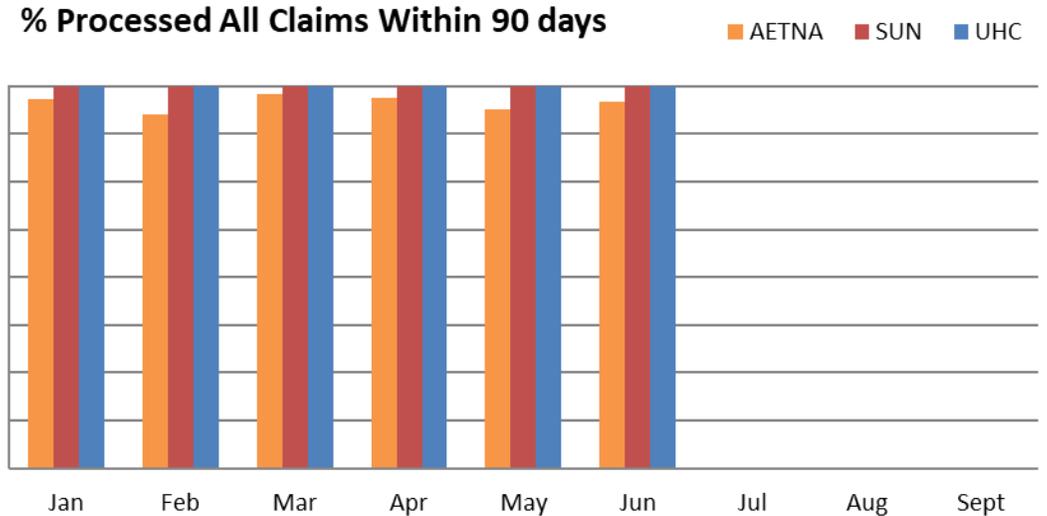
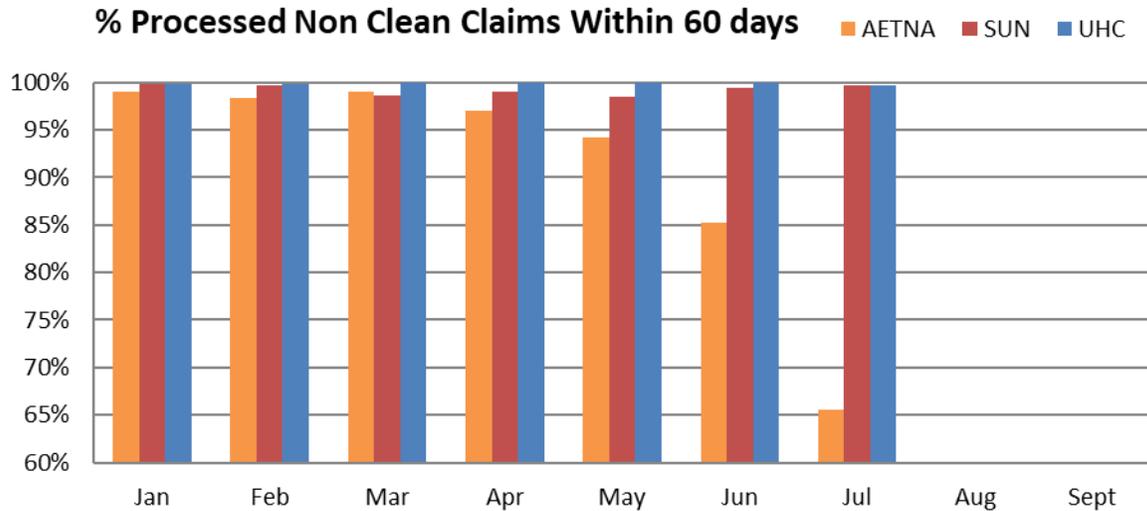


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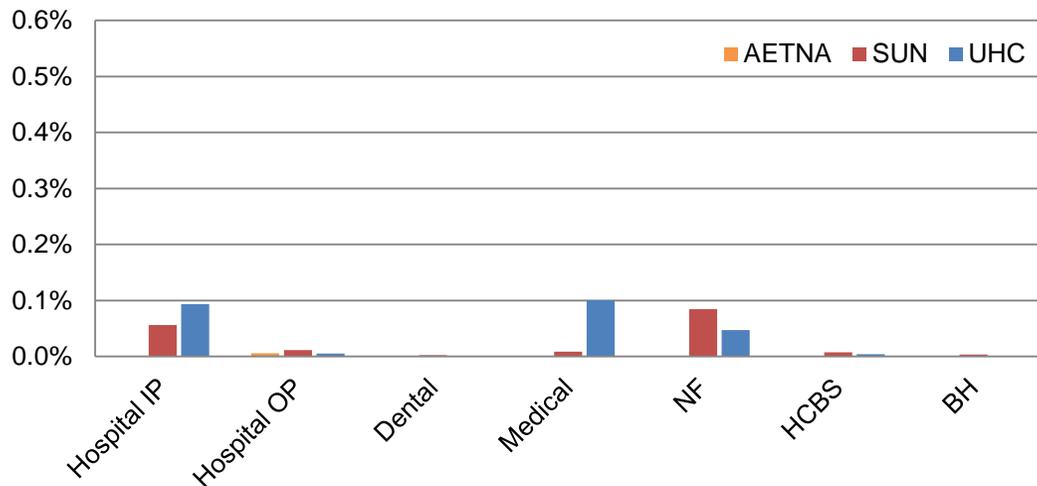
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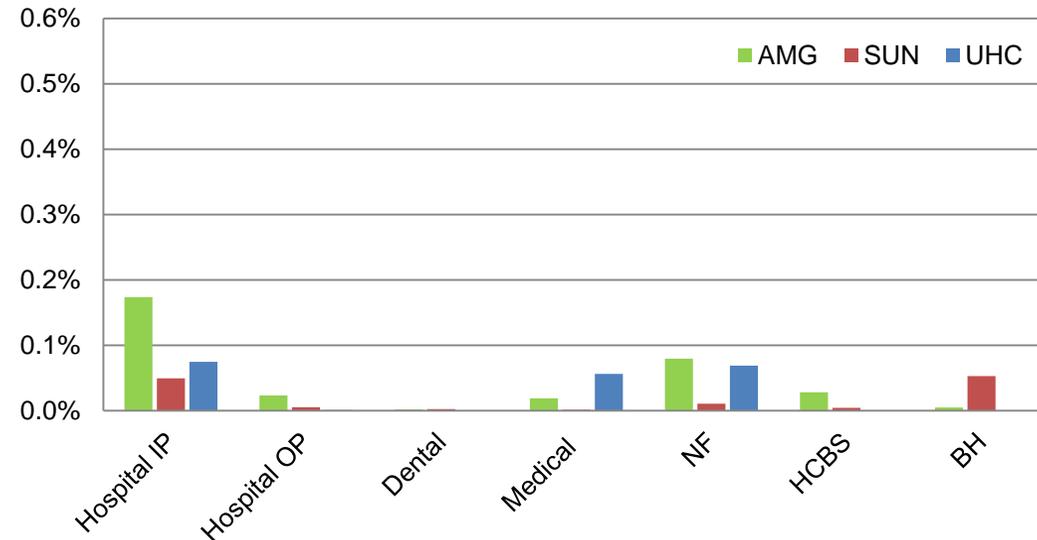
Timely Claims Processing Standard- 100% of clean claims are processed within 30 calendar days; 99% of all non clean claims are processed within 60 calendar days; 100% of all claims are processed within 90 calendar days

Claims Data-Percent of Claims Adjusted more than 3 times

CY 2019 (Jan-Sept)



CY 2018 (Jan-Dec)



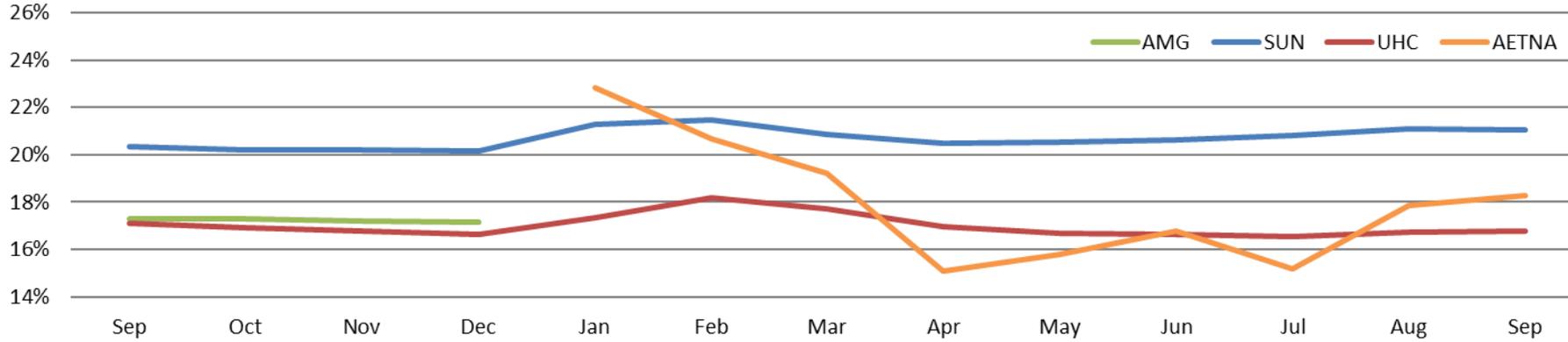
YTD claim requiring adjustments greater than 3 times represents Accuracy

Purpose: The purpose is to review payment accuracy

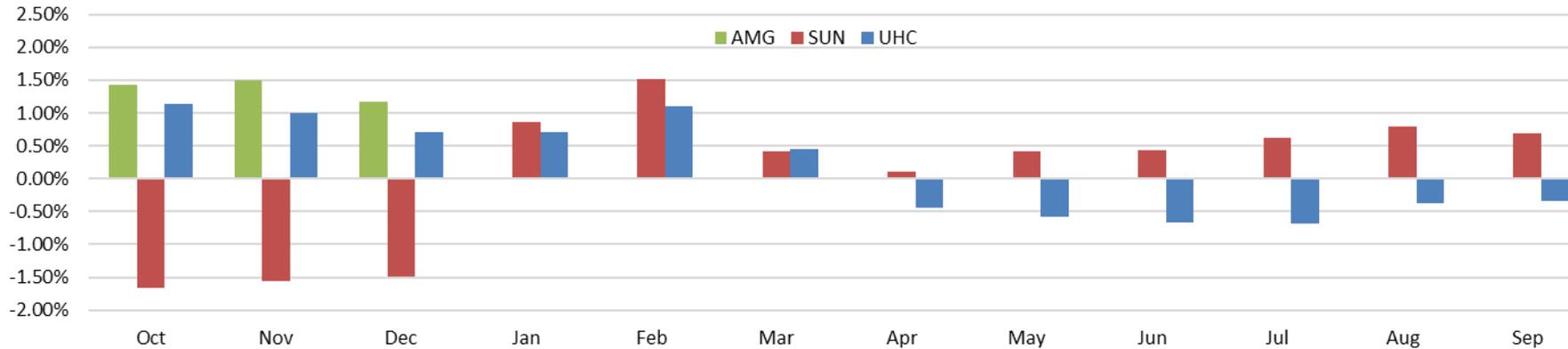
Methodology: Monitoring the frequency of the claims adjustments by MCO in each category utilizing the total claims adjusted/claims processed (category provider type: Hospital Inpatient, Hospital Outpatient, Dental, Medical, Nursing Facilities, HCBS, BH). Pharmacy, Vision and NEMT Have had 0% adjustments over 3 times for over one year so have been dropped from this report. Pharmacy is point of sale processing so will not have adjustments

Total YTD claims adjusted 4 or more times divided by the YTD total number of claims processed by service type.

Percent Denied Claims by Month YTD Cumulative



Percentage Point Increase/Decrease From Previous Year



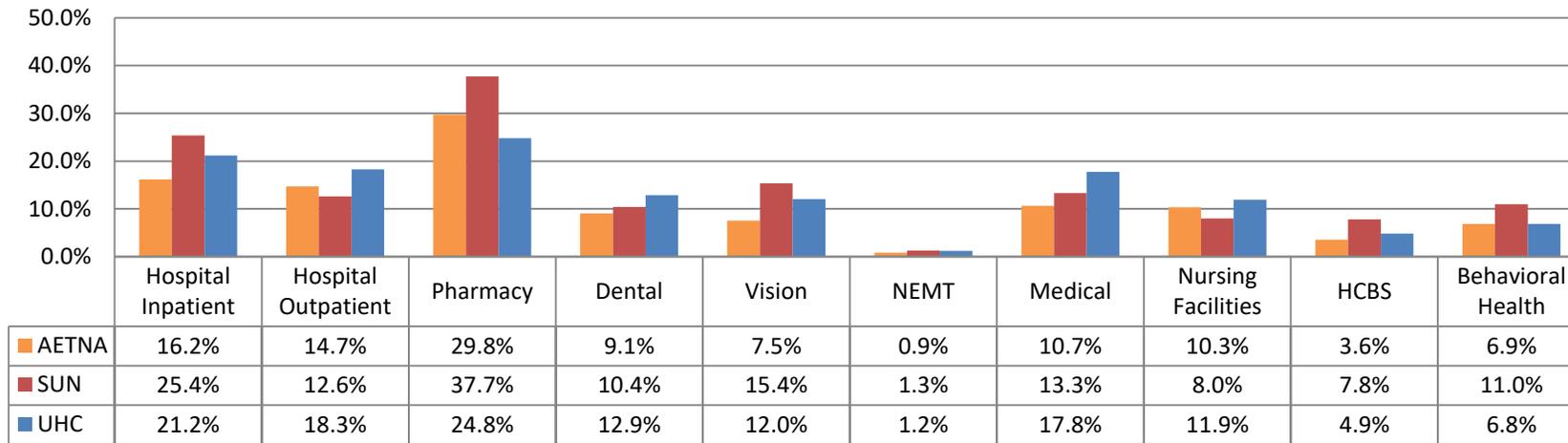


Claims Denial Data

Claims Processed 2019 (Jan-Sept)	Total Claim Count			Total Claim %		
	AETNA	SUN	UHC	AETNA	SUN	UHC
Pharmacy	1,430,790	1,827,846	1,421,573	43.0%	36.8%	33.0%
Medical	1,192,123	1,316,197	1,275,110	35.9%	26.5%	29.6%
Behavioral Health	153,489	591,209	556,511	4.6%	11.9%	12.9%
HCBS	197,513	496,974	358,000	5.9%	10.0%	8.3%
Hospital Outpatient	149,726	264,262	257,657	4.5%	5.3%	6.0%
NEMT	58,463	129,531	142,297	1.8%	2.6%	3.3%
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Vision	6,618	85,238	62,212	0.2%	1.7%	1.4%
Hospital Inpatient	11,943	29,951	22,774	0.4%	0.6%	0.5%
Total All Services	3,324,165	4,971,694	4,302,681	100%	100%	100%

Claims Processed 2019 (Jan-Sept)	Total Claim Count			Total Denied Claim			Total Claim Denied %		
	AETNA	SUN	UHC	AETNA	SUN	UHC	AETNA	SUN	UHC
Pharmacy	1,430,790	1,827,846	1,421,573	425,850	689,326	352,659	29.8%	37.71%	24.81%
Medical	1,192,123	1,316,197	1,275,110	127,052	175,629	226,771	10.7%	13.34%	17.78%
Behavioral Health	153,489	591,209	556,511	10,557	64,931	37,984	6.9%	10.98%	6.83%
HCBS	197,513	496,974	358,000	7,020	38,654	17,364	3.6%	7.78%	4.85%
Hospital Outpatient	149,726	264,262	257,657	22,044	33,301	47,094	14.7%	12.60%	18.28%
NEMT	58,463	129,531	142,297	497	1,634	1,728	0.9%	1.26%	1.21%
Dental	85,469	129,457	126,575	7,739	13,427	16,267	9.1%	10.37%	12.85%
Nursing Facilities-Total	38,031	101,029	79,972	3,926	8,062	9,545	10.3%	7.98%	11.94%
Vision	6,618	85,238	62,212	498	13,100	7,482	7.5%	15.37%	12.03%
Hospital Inpatient	11,943	29,951	22,774	1,933	7,595	4,817	16.2%	25.36%	21.15%
Total All Services	3,324,165	4,971,694	4,302,681	607,116	1,045,659	721,711	18.26%	21.03%	16.77%

Percent Denied YTD 2019



KanCare Member Benefits



Value Added Services - January- September 2019

Aetna	Members YTD	Total Units YTD	Total Value YTD	Sunflower	Members YTD	Total Units YTD	Total Value YTD	United	Members YTD	Total Units YTD	Total Value YTD
Adult Dental	958	1,407	\$247,729	Healthy Rewards	70,104	70,596	\$735,894	Home Helper Catalog Supplies	3,345	9,536	\$171,425
Transportation Services	123	439	\$44,498	Comprehensive Medication Review	5,451	7,798	\$222,116	Baby Blocks Program and Rewards Debit Card for Completing First Pre-Natal Visit	1,026	1,026	\$123,120
Weight Management	90	98	\$12,898	Dental visits for adults	1,431	2,165	\$129,583	Adult Dental Services	587	587	\$118,274
Podiatry Visits	156	228	\$7,321	In-home telemonitoring: Service	340	340	\$85,000	Adult Dentures	2,389	2,669	\$111,993
Healthy Teens Membership	46	46	\$1,610	Farmers Market Vouchers	7,768	7,768	\$77,680	Frames and Lenses	84	187	\$79,156
GED Support	9	9	\$1,188	Community Health Services Home Visiting Program	2,337	2,337	\$61,089	UHC Health Rewards Program	858	2,544	\$77,197
Asthma Hypoallergenic Sheets	10	10	\$70	Start Smart for Your Baby	1,987	2,109	\$59,368	Membership to Youth Organizations	3,066	3,066	\$48,174
Home-delivered meals	9	9	\$63	Smoking cessation program	246	246	\$59,040	Pest Control	608	608	\$27,760
Memory Care Locks	1	1	\$34	Caregiving Collaborations - Assessment Assistance	496	1,633	\$38,721	Respite Care Services	74	74	\$18,967
				Healthy Solutions for Life - Disease Management	453	675	\$24,098	Medications Calendar	11	27	\$15,662
				Dentures	10,124	10,124	\$20,248	Seeking Safety Training Events	1,907	1,907	\$4,251
				Boys & Girls Clubs	13	19	\$14,863	Mental Health First Aid Program	5	5	\$4,025
				NF-Community Transition	284	284	\$14,200	Transportation to WIC Appointments	21	24	\$2,875
				Sunny's Kid Club	21	80	\$5,617	Sesame Street - Food For Thought	27	54	\$1,563
				Healthy Solutions for Life - Weight Management Program	1,611	1,611	\$4,978	MedicAlert Bracelets	40	40	\$1,400
				Employment - GED Test Vouchers	1,969	1,969	\$3,938	Adults Parks and Rec Catalog	79	79	\$790
				In-home telemonitoring: Install	6	6	\$3,344	A is for Asthma	8	8	\$400
				Adopt-A-School Program	13	13	\$2,275	Help Getting GED	741	741	\$371
				Employment - Transportation	1	1	\$225		15	15	\$275
				Employment - Referral	12	15	\$162				
				Enhanced Transportation for F/E & PD waiver members	12	12	\$140				
					2	3	\$48				
TOTAL	1,403	2,248.0	\$315,411	TOTAL	104,711	109,804	\$1,562,628	TOTAL	14,891	23,197	\$827,516
KanCare Grand Total	121,005	135,249	\$2,705,555								



In Lieu of Services January- September 2019

Aetna	Unduplicated Members	Value of Service Provided	Value of Services Avoided	Sunflower	Unduplicated Members	Value of Service Provided	Value of Services Avoided	United	Unduplicated Members	Value of Service Provided	Value of Services Avoided
Additional Medicaid covered services, beyond existing limitations, including personal care services, sleep cycle support, home modifications, equipment and assisted services ... in lieu of members needing to be admitted to an acute care hospital or nursing facility	10	\$119,719	\$326,430	Additional personal care services, beyond existing waiver limitations... in lieu of members needing to be admitted to a nursing facility	73	\$403,288	\$1,113,459	Additional personal care services, personal care services, beyond existing waiver limitation, sleep cycle support, and home delivered meals ... in lieu of members needing to be admitted to a nursing facility	45	\$665,954	\$1,588,000
Non-Covered services including private nurse, PET scans, CPAP equipment and sleep cycle support in lieu of members needing to access ICU, acute hospital, or nursing facility services	0	\$0	\$0	Non-Covered services covering a wide range of equipment, orthotics, testing, physician services and outpatient surgery in lieu of members needing to access acute hospital, home health, or more intensive physical or behavioral health services	32	\$17,521	\$819,095	Non-Covered services Sleep studies, testing, and home health in lieu of members needing to access to acute hospital, or nursing facility services	316	\$1,605,503	\$5,464,001
Totals	10	\$119,719	\$326,430	Totals	105	\$420,809	\$1,932,554	Totals	361	2,271,457	\$7,052,001

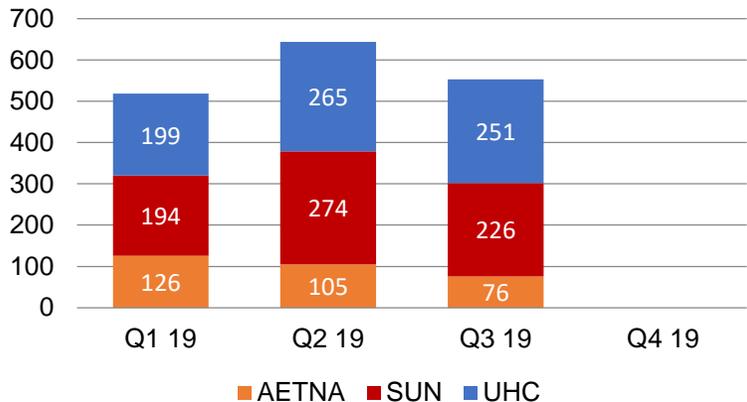
KanCare YTD Total

Unduplicated Members	Value of Service Provided	Value of Services Avoided
476	\$7,592,529	\$9,310,985

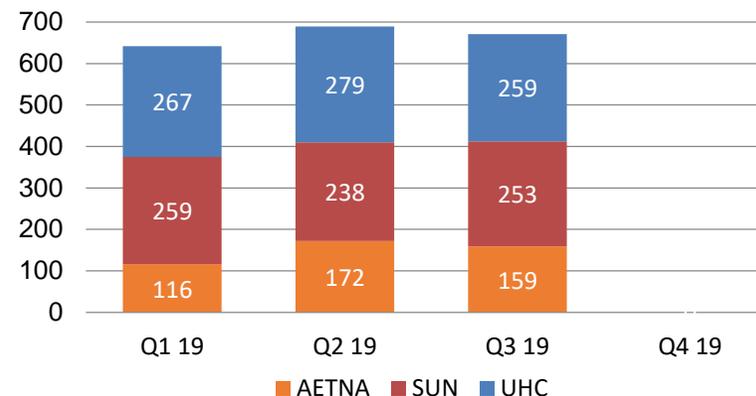
KanCare Grievance, Appeal and State Fair Hearing

Member Grievance and Appeals Comparison

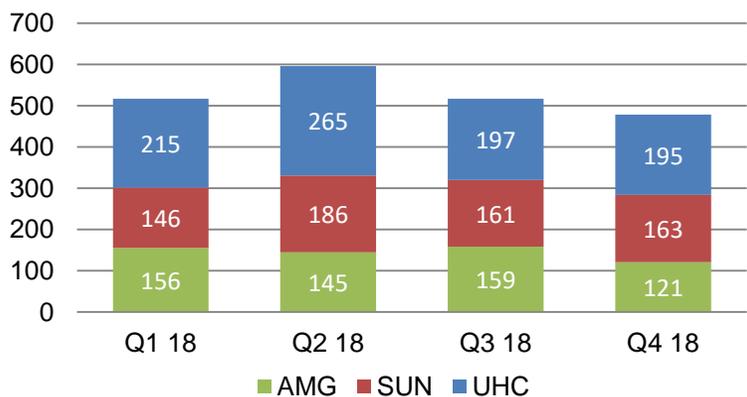
Member Grievances 2019



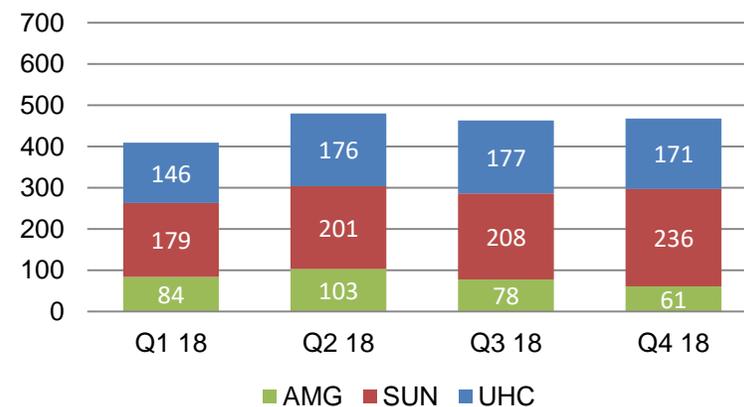
Member Appeals 2019



Member Grievances 2018

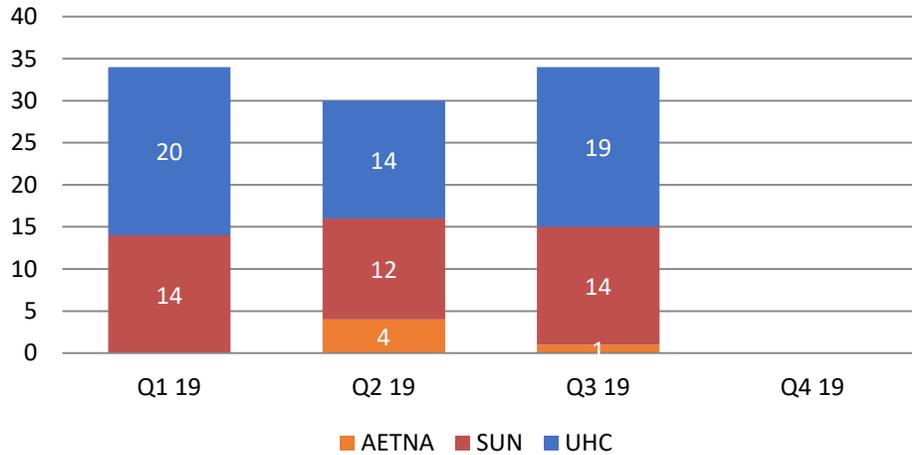


Member Appeals 2018

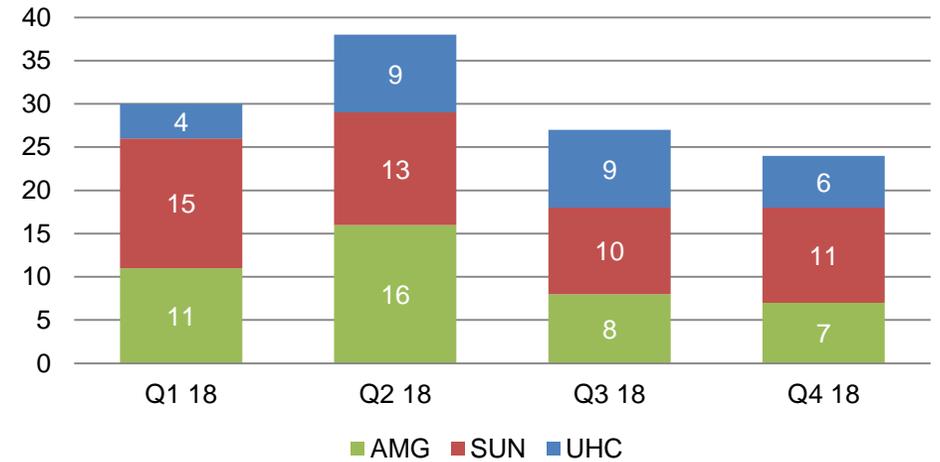


Member State Fair Hearing Comparison

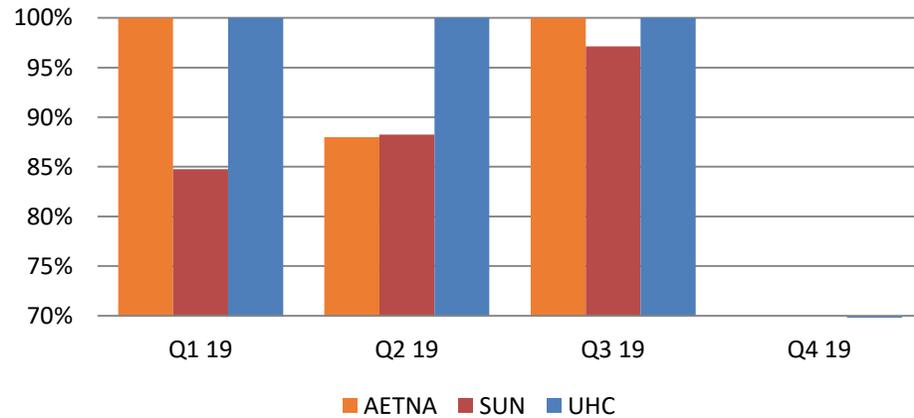
Member State Fair Hearings 2019



Member State Fair Hearings 2018



**Resolved Within 30 Calendar Days 2019
(Compliance is 98%)**



**Resolved Within 60 Calendar Days 2019
(Compliance is 100%)**

